

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Blood Banks
Managed Care Plans
CSO Administrators
Regional Administrators

Memorandum No: 02-23 MAA

Issued: June 7, 2002

For Information Call:
1-800-562-6188

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

Supersedes: 01-33 MAA
01-79 MAA

Subject: Update to the RBRVS and Vendor Rate Increase for Blood Banks

Effective for dates of service on and after July 1, 2002, the Medical Assistance Administration (MAA) will implement:

- The updated Medicare Physician Fee Schedule Data Base (MPFSDB) Year 2002 relative value units (RVUs);
- The updated Medicare Clinical Laboratory Fee Schedule (MCLFS);
- The Year 2002 additions of Current Procedural Terminology (CPT™) codes;
- Changes to Health Care Financing Administration Common Procedure Coding System (HCPCS) Level II codes; and
- A legislatively appropriated one and one-half (1.5) percent vendor rate increase.

Maximum Allowable Fees

In updating the fee schedule with Year 2002 RVUs and clinical laboratory fees, MAA maintained overall budget neutrality. The 2001-2003 Biennium Appropriations Act authorizes this one and one-half (1.5) percent vendor rate increase for MAA fee-for-service programs. The maximum allowable fees have been adjusted to reflect the changes listed above.

Coverage Change

In numbered memorandum 01-79 MAA, MAA inadvertently listed HCPCS codes J7193 and J7195 as payable to Blood Banks. However, Blood Banks are required to bill all anti-hemophilic factors using state-unique code 0800M. Therefore, retroactive to dates of service on and after May 1, 2002 (as detailed in numbered memorandum 02-15 MAA), **HCPCS codes J7193 and J7195 are not payable to Blood Banks.**

Attached are updated replacement pages 9-18 for MAA's Blood Bank Services Billing Instructions, dated July 1999. To obtain this fee schedule electronically go to MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).

Bill MAA your usual and customary charge.

* RBRVS stands for Resource Based Relative Value Scale

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Fee Schedule

Due to its licensing agreement with the American Medical Association, MAA publishes only the official, brief descriptions of CPT[®] procedure codes. To view the entire description, please refer to your current CPT[®] book.

CPT Code/ Modifier	Brief Description	July 1, 2002 Maximum Allowable Fee	
		Non-Facility Setting	Facility Setting
36415	Drawing blood	\$2.45	\$2.45
36430	Blood transfusion service	\$22.75	\$22.75
36450	Exchange transfusion service	\$69.39	\$69.39
36520	Plasma and/or cell exchange	\$64.84	\$64.84
38231	Stem cell collection	\$48.69	\$48.69
78120	Red cell mass, single	\$46.87	\$46.87
78120 26	Red cell mass, single	\$7.51	\$7.51
78120 TC	Red cell mass, single	\$39.36	\$39.36
78121	Red cell mass, multiple	\$75.76	\$75.76
78121 26	Red cell mass, multiple	\$10.24	\$10.24
78121 TC	Red cell mass, multiple	\$65.52	\$65.52
82143	Amniotic fluid scan	\$6.83	\$6.83
82247	Bilirubin, total	\$4.59	\$4.59
82248	Bilirubin, direct	\$4.59	\$4.59
82668	Assay of erythropoietin	\$18.67	\$18.67
82784	Assay of gammablobulin igm	\$9.24	\$9.24
82803	Blood gases: pH, pO ₂ & pCO ₂	\$12.11	\$12.11
83020	Hemoglobin electrophoresis	\$9.99	\$9.99
83020 26	Hemoglobin electrophoresis	\$12.51	\$12.51
83030	Fetal hemoglobin, chemical	\$8.22	\$8.22
83890	Molecule isolate	\$5.62	\$5.62
83892	Molecular diagnostics	\$5.62	\$5.62
83894	Molecular gel electrophor	\$5.62	\$5.62
83896	Molecular diagnostics	\$5.62	\$5.62
83898	Molecular nucleic amplification	\$23.52	\$23.52
83912	Genetic examination	\$5.62	\$5.62

B.R. (By Report) - When you bill these codes, you must submit a report with your claim that documents the nature, extent, need, time, effort, and equipment necessary for the procedure or service. In some cases, you may also be required to provide additional information after MAA receives your claim.

NC – Not Covered

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(Revised July 2002)

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Fee Schedule

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Blood Bank Services

CPT Code/ Modifier	Brief Description	July 1, 2002 Maximum Allowable Fee	
		Non-Facility Setting	Facility Setting
83912 26	Genetic examinations	\$12.51	\$12.51
84460	Alanine amino (ALT) (SGPT)	\$5.26	\$5.26
85002	Bleeding time test	\$4.47	\$4.47
85013	Hematocrit	\$2.35	\$2.35
85014	Hematocrit	\$2.35	\$2.35
85018	Hemoglobin	\$2.35	\$2.35
85210	Blood clot factor II test	\$6.10	\$6.10
85220	Blood clot factor V test	\$16.18	\$16.18
85230	Blood clot factor VII test	\$13.86	\$13.86
85240	Blood clot factor VIII test	\$17.80	\$17.80
85245	Blood clot factor VIII test	\$22.81	\$22.81
85246	Blood clot factor VIII test	\$22.81	\$22.81
85247	Blood clot factor VII test	\$22.81	\$22.81
85250	Blood clot factor IX test	\$16.18	\$16.18
85260	Blood clot factor X test	\$17.80	\$17.80
85270	Blood clot factor XI test	\$16.18	\$16.18
85280	Blood clot factor XII test	\$19.23	\$19.23
85290	Blood clot factor XIII test	\$16.18	\$16.18
85291	Blood clot factor XII test	\$8.83	\$8.83
85300	Antithrombin III test	\$11.78	\$11.78
85303	Blood clot inhibitor test, protein C	\$13.74	\$13.74
85305	Blood clot inhibitor assay, protein S	\$11.52	\$11.52
85306	Blood clot inhibitor test, protein S	\$15.23	\$15.23
85335	Iron stain, blood cells	\$12.80	\$12.80
85362	Fibrin degradation products	\$6.84	\$6.84
85366	Fibrinogen test	\$8.56	\$8.56
85370	Fibrinogen test	\$11.29	\$11.29
85378	Fibrin degradation	\$7.09	\$7.09
85384	Fibrinogen	\$7.99	\$7.99
85385	Fibrinogen	\$7.99	\$7.99
85410	Fibrinolytic antiplasminogen	\$7.66	\$7.66
85420	Fibrinolytic plasminogen	\$6.50	\$6.50
85460	Hemoglobin, fetal	\$2.49	\$2.49
85576	Blood platelet aggregation	\$21.35	\$21.35

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CPT Code/ Modifier	Brief Description	July 1, 2002 Maximum Allowable Fee	
		Non-Facility Setting	Facility Setting
85576 26	Blood platelet aggregation	\$12.29	\$12.29
85590	Platelet count, manual	\$4.27	\$4.27
85595	Platelet count, automated	\$4.44	\$4.44
85610	Prothrombin time	\$3.90	\$3.90
85635	Reptilase test	\$8.69	\$8.69
85660	RBC sickle cell test	\$5.49	\$5.49
85670	Thrombin time, plasma	\$5.74	\$5.74
85705	Thromboplastin inhibition	\$9.38	\$9.38
85730	Thromboplastin time, partial	\$5.77	\$5.77
85732	Thromboplastin time, partial	\$6.44	\$6.44
85999	Unlisted hematology procedure	B.R.	B.R.
86022	Platelet antibodies	\$14.92	\$14.92
86317	Immunoassay, infectious agent	\$13.51	\$13.51
86329	Immunodiffusion	\$13.95	\$13.95
86592	Blood serology, qualitative	\$4.24	\$4.24
86593	Blood serology, quantitative	\$4.38	\$4.38
86644	CMV antibody	\$13.07	\$13.07
86645	CMV antibody, IgM	\$16.74	\$16.74
86687	Htlv-i antibody	\$8.34	\$8.34
86688	Htlv-ii antibody	\$13.93	\$13.93
86701	HIV-1	\$8.83	\$8.83
86702	HIV-2	\$13.44	\$13.44
86703	HIV-1/HIV-2, single assay	\$13.63	\$13.63
86704	Hep b core antibody, total	\$11.98	\$11.98
86705	Hep b core antibody, igm	\$11.70	\$11.70
86706	Hep b surface antibody	\$10.67	\$10.67
86793	Yersinia antibody	\$13.11	\$13.11
86803	Hepatitis c ab test	\$14.19	\$14.19
86805	Lymphocytotoxicity assay	\$21.41	\$21.41
86821	Lymphocyte culture, mixed	\$56.10	\$56.10
86850	RBC antibody screen	\$6.90	\$6.90
86860	RBC antibody elution	B.R.	B.R.
86870	RBC antibody identification	B.R.	B.R.
86880	Coombs test	\$5.33	\$5.33

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CPT Code/ Modifier	Brief Description	July 1, 2002 Maximum Allowable Fee	
		Non-Facility Setting	Facility Setting
86885	Coombs test	\$5.68	\$5.68
86886	Coombs test	\$5.14	\$5.14
86890	Autologous blood process	\$112.03	\$112.03
86891	Autologous blood, op salvage	B.R.	B.R.
86900	Blood typing, ABO	\$2.96	\$2.96
86901	Blood typing, Rh (D)	\$2.96	\$2.96
86903	Blood typing, antigen screen	\$9.38	\$9.38
86904	Blood typing, patient serum	\$9.45	\$9.45
86905	Blood typing, RBC antigens	\$3.47	\$3.47
86906	Blood typing, Rh phenotype	\$7.39	\$7.39
86915	Bone marrow/stem cell prep	B.R.	B.R.
86920	Compatibility test	B.R.	B.R.
86921	Compatibility test	B.R.	B.R.
86922	Compatibility test	B.R.	B.R.
86927	Plasma, fresh frozen	B.R.	B.R.
86930	Frozen blood prep	B.R.	B.R.
86931	Frozen blood thaw	B.R.	B.R.
86932	Frozen blood freeze/thaw	B.R.	B.R.
86940	Hemolysins/agglutinins, auto	\$8.15	\$8.15
86941	Hemolysins/agglutinins	\$12.03	\$12.03
86945	Blood product/irradiation	B.R.	B.R.
86950	Leukocyte transfusion	\$3.66	\$3.66
86965	Pooling blood platelets	B.R.	B.R.
86970	RBC pretreatment	B.R.	B.R.
86971	RBC pretreatment	B.R.	B.R.
86972	RBC pretreatment	B.R.	B.R.
86975	RBC pretreatment, serum	B.R.	B.R.
86976	RBC pretreatment, serum	B.R.	B.R.
86977	RBC pretreatment, serum	B.R.	B.R.
86978	RBC pretreatment, serum	B.R.	B.R.
86985	Split blood or products	B.R.	B.R.
86999	Transfusion procedure	\$12.99	\$12.99
87340	Hepatitis b surface ag, eia	\$10.26	\$10.26
87390	Hiv-1 ag, eia	\$17.53	\$17.53

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CPT Code/ Modifier	Brief Description	July 1, 2002 Maximum Allowable Fee	
		Non-Facility Setting	Facility Setting
87391	Hiv-2 ag, eia	\$17.53	\$17.53
90281	Human ig, im	NC	NC
90283	Human ig, iv	NC	NC
90287	Botulinum antitoxin	NC	NC
90288	Botulism ig, iv	NC	NC
90291	Cmv ig, iv	NC	NC
90296	Diphtheria antitoxin	NC	NC
90371	Hep b ig, im	\$126.88	\$126.88
90375	Rabies ig, im/sc	\$142.08	\$142.08
90376	Rabies ig, heat treated	\$149.52	\$149.52
90378	Rsv ig, im, 50 mg	NC	NC
90379	Rsv ig, iv	NC	NC
90384	Rh ig, full-dose, im	NC	NC
90385	Rh ig, minidose, im	NC	NC
90386	Rh ig, iv	NC	NC
90389	Tetanus ig, im	NC	NC
90393	Vaccina ig, im	NC	NC
90396	Varicella-zoster ig, im	\$111.25	\$111.25
90399	Immune globulin	NC	NC
90780	IV infusion therapy, 1 hour	\$25.48	\$25.48
90781	IV infusion, additional hour	\$12.74	\$12.74
90782	Injection, sc/im	\$2.50	\$2.50
90783	Injection, ia	\$9.33	\$9.33
90784	Injection, iv	\$10.92	\$10.92
99195	Phlebotomy	\$10.01	\$10.01

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Fee Schedule

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HCPCS Code	Description	July 1, 2002 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
0800M*	Anti-hemophilic factor (e.g., Koate, Monoclate), per unit	\$0.91	\$0.91
0801M*	Stimate nasal spray, 2.5 ml bottle	\$205.00	\$205.00
P9010	Blood (whole), each unit	\$55.11	\$55.11
P9011	Blood (split unit), specify amount	B.R.	B.R.
P9012	Cryoprecipitate, each unit	\$26.20	\$26.20
P9016	Leukocyte poor blood, each unit	\$45.53	\$45.53
P9017	Plasma, fresh frozen, each unit	\$47.82	\$47.82
P9019	Platelet concentrate, each unit	B.R.	B.R.
P9020	Platelet, rich plasma, each unit	B.R.	B.R.
P9021	Red blood cells (RBC), packed cells, each unit	\$66.64	\$66.64
P9022	Washed RBC, washed platelets, each unit	\$20.50	\$20.50
P9023	Plasma, pooled multiple donor, solvent/detergent treated, frozen, each unit	B.R.	B.R.
P9031	Platelets, leukocytes reduced, each unit	B.R.	B.R.
P9032	Platelets, irradiated, each unit	B.R.	B.R.
P9033	Platelets, leukocytes reduced, irradiated, each unit	B.R.	B.R.
P9034	Platelets, pheresis, each unit	B.R.	B.R.
P9035	Platelets, pheresis, leukocytes reduced, each unit	B.R.	B.R.
P9036	Platelets, pheresis, irradiated, each unit	B.R.	B.R.
P9037	Platelets, pheresis, leukocytes reduced, irradiated, each unit	B.R.	B.R.
P9038	Red blood cells, irradiated, each unit	B.R.	B.R.
P9039	Red blood cells, deglycerolized, each unit	B.R.	B.R.
P9040	Red blood cells, leukocytes reduced, irradiated, each unit	B.R.	B.R.
P9041	Infusion, albumin (human), 5%, 50 ml	B.R.	B.R.
P9042	Infusion, albumin (human), 25%, 10 ml	B.R.	B.R.
P9043	Infusion, plasma protein fraction (human), 5%, 50 ml	B.R.	B.R.
P9044	Plasma, cryoprecipitate reduced, each unit	B.R.	B.R.

*State-unique procedure code

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HCPCS Code	Description	July 1, 2002 Maximum Allowable Fee	
		Non Facility Setting	Facility Setting
PROCESSING OF BLOOD DERIVATIVES			
Q0156	Infusion, albumin (human) 5%, 500 ml	Acquisition Cost	
Q0157	Infusion, albumin (human) 25%, 50 ml	Acquisition Cost	
Q0187	Factor VIIA (coagulation factor, recombinant) per 1.2 mg	\$1,495.20	
J-CODES			
J0850	Injection, cytomegalovirus immune globulin intravenous (human), per vial	\$598.15	
J1460	Injection, gamma globulin, intramuscular, 1 cc	\$1.60	
J1470	Injection, gamma globulin, intramuscular, 2 cc	\$3.20	
J1480	Injection, gamma globulin, intramuscular, 3 cc	\$4.81	
J1490	Injection, gamma globulin, intramuscular, 4 cc	\$6.41	
J1500	Injection, gamma globulin, intramuscular, 5 cc	\$8.01	
J1510	Injection, gamma globulin, intramuscular, 6 cc	\$9.61	
J1520	Injection, gamma globulin, intramuscular, 7 cc	\$11.21	
J1530	Injection, gamma globulin, intramuscular, 8 cc	\$12.82	
J1540	Injection, gamma globulin, intramuscular, 9 cc	\$14.42	
J1550	Injection, gamma globulin, intramuscular, 10 cc	\$16.02	
J1560	Injection, gamma globulin, intramuscular, over 10 cc	\$16.02	
J1561	Injection, immune globulin, intravenous, per 500 mg	\$40.05	
J1565	Injection, respiratory syncytial virus immune globulin, intravenous, 50 mg (Respigam only)	\$15.30	
J1670	Injection, tetanus immune globulin, human, up to 250 units	\$106.80	
J2790	Injection, Rho (D) immune globulin, human, one dose package	\$112.27	
J2792	Injection, Rho D immune globulin, intravenous, human solvent detergent	\$21.07	

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